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February 11, 2018

Dr. Laurent Marcoux
President
Canadian Medical Association

Via email: yourvoice@cma.ca

Dear Dr. Marcoux,

The Holy See is asking national medical associations to express their concern in writing regarding an upcoming meeting of the World Medical Association (WMA) in Riga, Latvia. There a proposal will be discussed to update the declaration on therapeutic abortion so as to abrogate the right of doctors to practice according to one's moral conscience. We have received this request through The Canadian Conference of Catholic Bishops. The request should have been directed to the Canadian Medical Association, so I am forwarding the request to you.

Canadian Physicians for Life is the national association of physicians dedicated to the traditional Hippocratic bioethic. Many of our members also belong to the Canadian Medical Association. Given the pressing deadline of February 12, Canadian Physicians for Life is writing to you on their behalf.

Many Canadian doctors have shared with us the apprehension that mandatory referral forces doctors to violate their deeply held moral or religious convictions, and even their professional medical judgments. As you may know, the WMA working group is recommending the removal of clause No. 6, which is consistent with CMA guidelines: "If the physician's convictions do not allow him or her to advise or perform an abortion, he or she may withdraw while ensuring the continuity of medical care by a qualified colleague." The CMA was satisfied with this clause.

The working group wishes to replace this with a new clause:

8. Individual doctors have a right to conscientious objection to providing abortion, but that right does not entitle them to impede or deny access to lawful abortion services because it delays care for women, putting their health and life at risk. In such cases, the physician must refer the woman to a willing and trained health professional in the same, or another easily accessible health-care facility, in accordance with national law. Where referral is not possible, the physician who objects must provide safe abortion or performs whatever procedure is necessary to save the woman's life and to prevent serious injury to her health.

The requirement for effective referral is contrary to the CMA's position on the issue. Critical to this discussion, the definition of medically indicated abortion needs to be clarified as to whether or not it also refers to



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elective abortions. There is a fundamental difference between elective direct abortion, and necessary medical treatments that are carried out to save the life of the mother, even if such treatment results in the indirect death of the unborn child. The current draft needs to incorporate this distinction.

Unfortunately, our Canadian experience, so far unique in the developed world, is that many doctors are being pitted against disciplinary authorities who demand referral even for euthanasia. Having accepted that there is an obligation to refer for abortion, they extend that obligation to euthanasia once it becomes legal. This has led to the current legal battle in Ontario between objecting physicians and the medical regulator. The case demonstrates that promises that doctors will not be bullied into referring for or performing abortion or euthanasia are illusory.

We appreciate the CMA position on the issue of referral. The CMA has advocated for respect of conscience and requested that forced referral for such practices be removed. We believe that the clause proposed by the WMA working group must be rejected. We believe that the original clause 6 adequately balances patient access to services and physicians' freedom of conscience and practice.

We urge the CMA to reiterate its support for clause 6 and reject the working group's proposed revision.

Sincerely,

Faye Sonier
Executive Director and General Legal Counsel

cc. Dr. Otmar Kloiber, WMA Secretary wma@wma.net
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